

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTHCARE SYSTEMS**

In re: Kerri Lynn Patavino

Petition No. 2003-0506-000-036

**PRELICENSURE CONSENT ORDER**

WHEREAS, Kerri Lynn Patavino of West Haven (hereinafter "respondent") has applied for licensure to practice as a hairdresser and cosmetician by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of hairdressing and cosmetology under the General Statutes of Connecticut, Chapter 387.
2. In November 1996 respondent was convicted of multiple counts of Sexual Assault in the Second Degree, Risk of Injury to a Child, Burglary in the Third Degree and Larceny in the Sixth Degree. Respondent was sentenced to a total of ten years in prison, suspended after six years. This period will be followed by five years probation, concurrent on all counts. Respondent was released from prison in August 2002 with supervision from the Board of Parole for two years prior to the beginning of the probationary period.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as a hairdresser and cosmetician as set forth in Chapter 387 of the General Statutes of Connecticut, respondent's license to practice as a hairdresser and cosmetician will be issued.
3. Respondent's license to practice as a hairdresser and cosmetician in the State of Connecticut shall, immediately upon issuance, be placed on probation for three (3) years under the following terms and conditions:
  - a. Respondent shall participate in regularly scheduled therapy at her own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").
    - (1) Respondent shall provide a copy of this Prelicensure Consent Order to her therapist.
    - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Prelicensure Consent Order within fifteen (15) days of the effective date of this Prelicensure Consent Order.
    - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in

frequency of therapy sessions, and/or respondent's transfer to another therapist.

- (4) The therapist shall submit reports monthly for the duration of the probationary period, which shall address but not necessarily be limited to, respondent's ability to practice hairdressing and cosmetology safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
  - (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.
- b. Respondent shall provide her employer at each place where respondent practices as a hairdresser and/or cosmetician throughout the probationary period, with a copy of this Prelicensure Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer monthly for the duration of the probationary period, stating that respondent is practicing with reasonable skill and safety.
  - c. During the probationary period, respondent shall only practice as a hairdresser and/or cosmetician in a business owned and/or managed by someone other than respondent.
  - d. Within the final three (3) months of the probationary period, respondent shall, at her own expense, undergo a psychiatric and/or psychological evaluation, by a

psychiatrist and/or psychologist pre-approved by the Department (hereinafter “the evaluator(s)”). Respondent shall full cooperate with all requests made by the evaluator(s). Respondent hereby agrees that the evaluation report(s) shall be provided by the evaluator(s) directly to the Department. The evaluator(s) shall conclude that respondent can safely practice hairdressing and cosmetology without having any further restrictions on her license. If the evaluator(s) reach(es) any other conclusion, such finding shall constitute a violation of this Prelicensure Consent Order. The Department may provide the evaluator with a copy of the Prelicensure Consent Order and additional information including, but not limited to, prior psychiatric evaluations of respondent, the Department’s monitoring file including all therapist and employer reports and any reports received from the police or any other authority.

- e. Respondent shall comply with all state and federal statutes and regulations applicable to her license.
- f. Respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
- g. Respondent shall notify the Department of any change (2) in her home and/or business address within fifteen (15) days of such change.
- h. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's hairdressing and cosmetology license rescinded. Any extension of time or grace period for reporting granted by

the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

- i. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

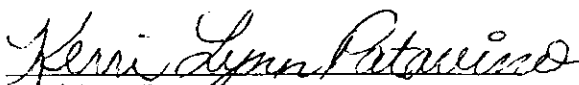
Bonnie Pinkerton, Nurse Consultant  
Department of Public Health  
Division of Health Systems Regulation  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

- j. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
- k. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut State Board of Examiners for Barbers and Hairdressers and Cosmeticians in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-263 of the Connecticut General Statutes, as amended, is at issue.
- l. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum.


Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.

- m. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
- n. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
- o. Respondent understands this Prelicensure Consent Order is a matter of public record.
- p. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

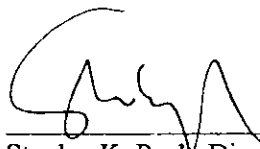
I, Kerri Lynn Patavino have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

  
Kerri Lynn Patavino

Subscribed and sworn to before me this 12<sup>th</sup> day of JUNE 2003.

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 18<sup>th</sup> day of June 2003, it is hereby ordered and accepted.

  
Stanley K. Peck, Director, Legal Office  
Bureau of Healthcare Systems



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
CERTIFIED MAIL RETURN RECEIPT REQUESTED  
7099 3400 0018 2735 1320

July 9, 2003

Kerri Lynn Patavino  
16 Lettney Place  
West Haven, CT 06516

Dear Ms. Patavino:

This is to advise you that you have completed all requirements for issuance of your Connecticut hairdresser/cosmetician license. License number 052660 has been issued effective June 18, 2003.

Your license is being granted in accordance with the terms of the previously issued Prelicensure Consent Order.

You will receive your license in approximately eight (8) weeks, at your address of record. Instructions regarding future renewal will be enclosed. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, re-licensure would require a new application to the Department and a review of all credentials to determine whether you would satisfy current licensing requirements. In order to avoid such a process, be sure to renew your license in a timely manner each year in the month of your birth.

It is your responsibility to notify the Department of Public Health, in writing, of any future changes of name and/or address. Such notification to the Department is required by law and failure to provide same will jeopardize the status of your license.

If you have any questions, please do not hesitate to contact this office at 860-509-7590.

Sincerely,

  
Stephen B. Carragher  
Health Program Supervisor  
Office of Practitioner Licensing and Certification

cc: ✓ Jennifer Filippone, Public Health Services Manager  
Stanley Peck, Director, Legal Office  
Donna Brewer, Director, Public Health Hearing Office  
Bonnie Pinkerton, Supervising Nurse Consultant

SBC/jc  
Petition Number: 2003-0506-000-036



Phone:  
Telephone Device for the Deaf: (860) 509-7191  
410 Capitol Avenue - MS # \_\_\_\_\_  
P.O. Box 340308 Hartford, CT 06134  
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**STATE OF CONNECTICUT**

DEPARTMENT OF PUBLIC HEALTH

July 21, 2006

Kerri Lynn DeBlasi, H/C  
16 Lettney Place  
West Haven, CT 06517

Re: Prelicensure Consent Order  
Petition No. 2003-0506-000-136  
License No. 052660

Dear Ms. DeBlasi:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective June 18, 2006.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Prelicensure Consent Order.

Please be certain to retain this letter as documented proof that you have completed your registration probation.

Thank you for your cooperation during this process.

Respectfully,

A handwritten signature in cursive script, appearing to read "Olive Tronchin".

Olive Tronchin, HPA  
Office of Practitioner Licensing and Investigations Section

cc/ Jennifer Filippone



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